

**Health Care Outreach and Enrollment Steering Committee**  
**Minutes of June 4, 2007 Meeting**  
**Pavilion 4<sup>th</sup> Floor Conference Room, Montpelier**

Attendees: Susan Besio, Kevin Veller, Alison Betty Volz, Ariane Holm, Jim Hester, Paula DiStabile, Paul Harrington, Bea Grause, Ron Vance, Jennifer Wallace Brodeur, Joshua Slen, Scott Johnson, Peter Burt, Betsy Forrest, Les Birnbaum, Stephanie Beck, Tim Shea, Ellen Yakubik, Paul Burns, Stefanie Sidortsova, Amy Goldstein, Hunt Blair, Mark Hage, Heidi Tringe.

The meeting was called to order at 1:10 p.m. by Kevin Veller, who welcomed everyone and briefly went over the meeting agenda.

➤ **Committee Structure**

Kevin opened by noting that formal sub-committees have not been defined but many people have been working on implementation for some time. Meetings with GMMB are being scheduled in tight sequence and in a year we will examine the how we are structuring our work. At that time, Kevin will check in with each member to determine if they will remain on the committee or delegate their position to someone else in their organization.

Alison Betty Volz reported that GMMB had staffed up with a team of six. Ms. Volz manages the account day-to-day, and Ariane Holm is helping to organize and coordinate the project. GMMB is partnering with Lake Research. Vermont presents a tough recruitment challenge, simply to locate people who are uninsured. We have a hard- to-reach target audience. There has been much discussion and debate around how to set up focus groups to get as much information as possible – to cast a wide net but also delve deep.

➤ **Outline of Research Plan**

Ms. Volz introduced Michael Perry of Lake Research, who participated via conference call. Mr. Perry outlined the research plan to cast a wide net and still drill down to get good data on the last 8% of uninsured Vermonters.

There are three phases to the plan (handout provided).

- **Phase 1 – Formative Triads:** Lake is recommending two rounds of triads (smaller focus groups of 3-5 participants) with in-depth discussion to ascertain: barriers to coverage, price points, their backgrounds, and opportunities for coverage. These triads will be conducted in Burlington and Rutland. Each session will last about 90 minutes. Participating individuals will be in similar life stages and share commonalities. These triads will focus on participants' lives, their triggers are, and message testing.

- Phase 2 – Ad Test Phase: This phase will also use triads in order to gain reaction to drafts of materials and TV commercials, to ensure the ads are effective. Feedback will be sought on the ad images and language and whether they resonate with them; to determine best places to target these materials, and immediate feedback on their thoughts.
- Phase 3 – Benchmark: This quantitative phase would provide benchmarking before the ads are run in order to understand starting awareness and attitudes about health coverage generally and knowledge about Catamount Health specifically. Once outreach is going strong and ads are out, we can go back and survey again; ask many of the same questions to see if awareness has increased. The survey would include 600 Vermonters. Benchmarks would include breakdown by age, income, party ID, education, gender, and region of state, and would be handled by phone interviews.

The target audience for the first 2 phases is those at 150% of FPL or above. These individuals would receive premium assistance with Catamount Health (CH). We need to know: what they are willing to pay? The research will target those in the 18-49 age group. A few triads will be conducted with younger men, since they tend to be a challenge to reach. Triads will also be conducted with those who are age 35 and up. Some focus groups will only include parents; others will mix parents and childless individuals.

The Steering Committee then made the following recommendations for change:

- Diversify the locations of the focus groups.
  - Add rural areas to capture distinct differences in values. It can be problematic to focus on cities to the exclusion of rural areas. Lake Research agreed that they are open to doing so.
  - Locations suggested included rural areas surrounding St. Johnsbury, Newport, Brattleboro, St. Albans, Townsend, Ludlow and Springfield.
  - “Stage” the triads – conduct the focus groups in Burlington and Rutland first; move to the rural areas later in the process, even if this occurs after October 1.
- Seek out the uninsured to attend the focus groups.
  - Lake is working on the ground in Vermont to recruit participants. If committee members also have ideas of public places or businesses in which to recruit individuals contact Kevin.
  - AARP is also conducting focus groups with parents and the uninsured in Burlington and Newport, and noted the difficulty in finding venues to host these sessions outside of the larger cities.
  - Bea Grause offered, if appropriate, the conference rooms at local hospitals. Tim Shea suggested higher education facilities.

- Survey tools:
  - Telephone surveys will also be conducted. May include follow-up afterward via online survey (if email address for participant is available and provided). Might be able to create a small database of Vermonters to check in with periodically.
- Availability of Survey Results.
  - GMMB's goal is to have ads complete and ready in August – a very aggressive timeline. The ultimate end date has more to do with getting talent, etc. Testing is often conducted with storyboard to get feedback.
  - Lake Research can provide PowerPoint presentations to review survey results. They can provide a traditional memo as well.
  - Ms. Volz wants to get approval and consensus on the messages.
  - We will plan for the second week in July to review results.
  - We will track attitudes and perceptions 6 months after launch and have that data to inform the legislature.

➤ **Preliminary Outreach Road Map** (handout provided):

Ms. Volz reviewed the outreach timeline for the next 4 months. They are looking at all stakeholder groups: state government agencies and employees, employers, providers, community organizations, including faith groups, health plans, and businesses.

Key tactics for outreach include a series of message trainings for all message outreach workers; creating an outreach toolkit and outreach materials; development of the press launch; advertising kickoff in late September, and content and design work on website.

- June: Focus group testing; logistics for launch date; content for toolkits (how deep and specific to get); meetings with Outreach & Enrollment Committee; individual outreach meetings with various stakeholder groups.
- July: Work on creative, finalize message, drafts of message and content for tool kit, name logo, tagline. Create the brand. This may have to be shared with the group by email. Finalize materials content, message training documents, getting all design work together.
- August: Materials available and ready to order.
- September: Press launch kickoff date. Advertising begins. Program launch is October 1.
- Issues:
  - Can Medicaid outreach interact with this outreach effort?
  - Does this timeline work for BCBS and MVP? Ron Vance, MVP, indicated that MVP does not want to duplicate GMMB's efforts and

wants the message to be consistent. Conservatively, they will be ready by September 1.

- BISHCA may be working on a common application form to be used by all insurers. Paula DiStabile will check on the rates and forms issue; insurers are waiting for feedback and information to inform their processes.
- Some confusion around whether health insurance policies are just for individuals, or can be for individuals with dependents.

➤ **What do you need now?**

Ms. Volz noted that GMMB is developing a concrete list of core materials that are needed. A one-pager to describe the plan is underway. She asked for input about what else may be needed besides a general info fact sheet? No responses were given.

➤ **Issues/concerns:**

- Plans will be available on October 1, but there is confusion regarding the start of coverage. Enrollment process & timeline for premium assistance plans may not provide coverage until November 1. The computer systems won't be ready until late September at the earliest.
- Susan Besio stated that she would call a meeting to work out the definition of "available on October 1" – whether that means enrollment or coverage. The legislation says that "coverage" is effective on October 1.
- Need for one website/one phone number to provide to consumers with questions about CH.
- Website & Online Screening Tool – Judy Higgins at OVHA is working on this.

➤ **101 Training for O&E Steering Committee**

Ms. Veller noted that Betsy Forrest and BISHCA are working on a training curriculum. What should be included in this training?

- Frequently Asked Questions (FAQs)
- It's an insurance program and a premium assistance plan; this can create confusion for people.
- Please email Kevin the topics that you would like the training to address

➤ **Medicaid Information Technology Assessment (MITA) Application**

Joshua Slen informed the committee that a vendor is being reviewed by the Department of Information and Innovation (DII). Any procurement under the State for major computer-related systems must go through the State Chief

Information Officer for independent review. Currently OVHA, along with AHS, is procuring a Medicaid technology assessment company to review the eligibility system. The MITA assessment process is a federal process to help pay for those systems (90/10 federal dollars). This process does a full assessment of business processes and helps write specifications. It takes between 12-18 months to conduct this assessment. OVHA is currently hiring a vendor to do the preliminary specs, and will then conduct the actual MITA assessment. This process fits into larger health reform efforts.

Ms. Veller noted that the next meeting of the Committee would take place on Tuesday, June 19 in the Pavilion 4<sup>th</sup> floor conference room from 1:00 to 3:00 pm.

The meeting was adjourned at 3:00 pm.